

# **MISSOURI STATE EMPLOYEES CHARITABLE CAMPAIGN**

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**APPLICATION FOR ADMISSION**

**2007 & 2008**

**Due by  
February 28, 2007**



***Please return this application to:***

Missouri State Employees Charitable Campaign  
Harry S. Truman Building, Room 760  
P.O. Box 809  
Jefferson City, MO 65102-0809

Telephone: (573) 751-0929

FAX: (573) 751-7819

Email: [msecc@oa.mo.gov](mailto:msecc@oa.mo.gov)

**Applications must be postmarked by midnight on:**

**February 28, 2007**

## **GENERAL INFORMATION**

The Missouri State Employees Charitable Campaign (MSECC) provides state employees with an annual, unified fundraising event and the opportunity to contribute to participating charitable organizations.

### **I. Basic Premises**

- A. A charitable organization is an organization which falls within the meaning of 26 CFR 1.501 (c)(3), actively conducts programs as required by the above statute, results from a joint community-wide or nation-wide solicitation and is administered in a manner requiring public accountability and public participation in policy decisions.
- B. An organization shall provide human services, including services relating to the environment, wildlife or habitat conservation, and meet the following criteria:
  - a. The services must directly benefit human beings, including but not limited to health and welfare services to children, youth, adults, the aged, the ill and infirm or the mentally or physically disabled.
  - b. The services must consist of care, research or education in the fields of human health or social adjustment and rehabilitation; relief for victims of natural disaster and other emergencies; or assistance to those who are impoverished and in need of food, shelter, clothing, and other basic human welfare services, and for providing a safe and healthy environment.
  - c. The services may include advocacy for needs of their target population or public awareness and education concerning the services they provide.
- C. Participating charitable organizations may voluntarily associate with a federation to solicit contributions or operate as an independent, stand-alone organization.
- D. The MSECC procedures are administered by the Office of Administration and may be changed or amended at any time in accordance with administrative policy.
- E. The MSECC is the only authorized monetary fundraising effort among state employees.
- F. Participating organizations shall only engage in promotional activities at work sites during the annual campaign period, and only in accordance with the procedures outlined herein.
  - a. Charitable organizations must be registered with the MSECC Speakers Bureau.
  - b. Charitable organizations must be invited by state agencies or the MSECC to participate or speak at employee meetings or kick-off events.
  - c. Promotional materials may only be distributed through the MSECC.
- G. In the event a participating charitable organization fails to adhere to eligibility requirements or policies and procedures of the MSECC, the Commissioner of Administration may withdraw eligibility at any time.
- H. Lobbying, that is any activity or effort to influence legislation or public policy, is not permitted. (If the organization's activities are informal, not funded by contributions and incidental, the organization will not be disqualified from participating in the MSECC.)
- I. Sectarian activities, including (but not limited to) activities aimed to promote the adoption of one or more religious or philosophical viewpoints, are not permitted.

## **GENERAL INFORMATION**

### **II. Administration**

- A. Charitable organizations wishing to participate in the MSECC must apply for admission every two years. Completed applications must be submitted to the MSECC by the established deadline, and the applications will be reviewed to determine eligibility.
- B. Charitable organizations will receive notification of either their acceptance or denial of admission into the MSECC. If admission is denied, an organization will be allowed ten (10) days to file an appeal with the Commissioner of Administration. Appealing organizations will be notified of the final decision within ten (10) days of receipt of the appeal.
- C. A consolidated campaign brochure will be made available to all state employees. The brochure will list each participating charitable organization, its code number, administrative cost percentage and a brief description of its programs. Charitable organizations will appear in the brochure categorized according to their geographical region, statewide, national, or international service area. MSECC makes every effort to ensure the accuracy of the information contained in the campaign brochure but is not responsible for misstatements of fact made by any participating organization.
- D. State employees will be provided with information on how to designate contributions to charitable organizations described in the campaign materials, and pledge cards will be designed to facilitate their designations. Undesignated contributions shall be distributed on a pro-rata basis to charities in the region from which the contribution was received.
- E. The MSECC payroll deduction process will be provided by the State of Missouri as a service to its employees in the same manner as other authorized payroll deductions.
- F. The charitable organizations receiving designated contributions will be notified of the total amount pledged and an approximate schedule of payments as soon as possible after the annual campaign concludes.
- G. Any shrinkage experienced (monies pledged but not collected) shall reduce the monies distributed to the charitable organizations.
- H. Costs related to promotion and administration of the campaign shall be deducted from the total funds raised.

**ADMISSION INTO THE MISSOURI STATE EMPLOYEES CHARITABLE CAMPAIGN DOES NOT CONSTITUTE AN ENDORSEMENT OF ANY CHARITABLE ORGANIZATION BY THE STATE OF MISSOURI.**

### **III. Definitions**

- 1. **Federation** – An association of affiliated, individually incorporated charitable organizations that voluntarily join together to solicit contributions. (Example: United Ways, Community Health Charities and Earth Share of Missouri.)
- 2. **Independent Organization** – An individually incorporated charitable organization that raises funds independent of other charitable organizations.

## **ADMISSION INFORMATION**

### **I. Eligibility Criteria**

The eligibility criteria for charitable organizations to participate in the Missouri State Employees Charitable Campaign are described below.

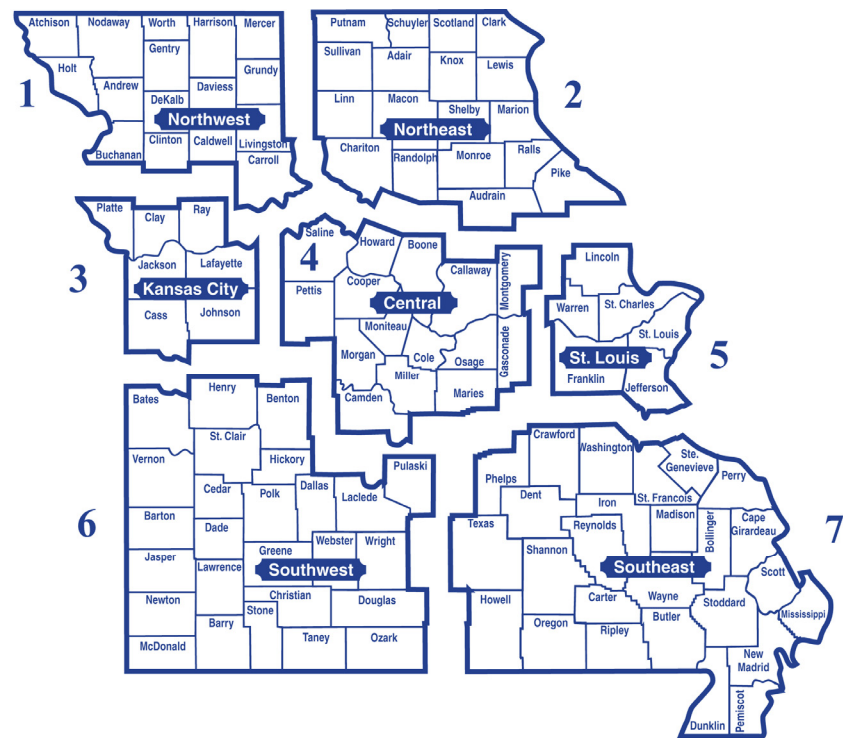
- A. The organization must be non-profit and tax-exempt under the meaning of Section 501 (c)(3) of the U.S. Internal Revenue Code and any relevant state laws.
- B. The organization operates without illegal discrimination, religious, racial or otherwise, both in employment and delivery of services and distribution of funds.
- C. The organization provides direct human health and welfare services, including those that support the environment, wildlife or habitat conservation.
- D. The organization's financial records are audited by an independent auditor if they receive \$100,000 or more per year from all sources.
- E. The organization shall indicate administrative costs as a percentage of its total expenses for the last full fiscal year (refer to **IRS Form 990**).
- F. A detailed annual budget is approved by the organization's governing body in a format consistent with annual financial statements.
- G. A report detailing the activities of the organization is made available to the general public on an annual basis.
- H. The organization raises funds from one or more of the following methods:
  - a. community-wide solicitation
  - b. state-wide solicitation
  - c. nationwide solicitation organized with a national board of directors or is affiliated with a national board of directors which regularly undertake fundraising activities at that level
- I. The organization has an active governing board, meeting at least quarterly. If board members serve with compensation, the amount of compensation and justification must be submitted with the application.
- J. The organization shall be a corporation in good standing and duly registered with the State of Missouri's Office of the Secretary of State.
- K. All organizations receiving monies from MSECC shall prominently display the fact in all promotional materials.
- L. **Federations** shall adhere to the following requirements:
  - a. Provide copies of fiduciary agreements with each member charity, which include a statement of their administrative cost percentage and include the cost of annual dues and/or service fees charged to member charities on the fiduciary agreement
  - b. Provide signed copies of tax status information
  - c. Notify member charities of their portion of funds received from the MSECC

**ADMISSION INFORMATION****II. Eligibility Requirements**

The Missouri State Employees Charitable Campaign (MSECC) is a unified fundraising program established and administered by the Office of Administration pursuant to Section 33.103, RSMo. MSECC is comprised of voluntary charitable organizations which submit to and meet the established eligibility requirements outlined herein.

Application for participation in the MSECC may be made by private, non-profit (501(c)(3)) charitable organizations based on the following information. **Please provide the attachments identified below, label each with the corresponding letter and submit in the following order:**

- A. Organization Information, Administrative Percentage and Certification**  
(Complete Attachment **A** on pages 7 and 8.)
- B. Service Code Information**  
(Complete Attachment **B** on page 9.)
- C. Fiduciary Agreements** (for Federations ONLY)  
(Attach fiduciary agreements, if applicable, as Attachment **C**. See sample agreement on page 6.)
- D. Source of Funds and Costs Report**  
Attach a copy of IRS Form 990 for the two most recent years as Attachment **D**.
- E. Tax Status Information**  
Attach a copy of documents from the Internal Revenue Service demonstrating the organization is a non-profit, tax-exempt public organization (501 (c)(3)) as Attachment **E**.
- F. Annual Report**  
Attach a copy of the most recent annual report to the public as Attachment **F**. The report should include a full description of the organization's activities, accomplishments and names of the chief administrative personnel.
- G. Certificate of Corporate Good Standing with Missouri's Office of the Secretary of State**  
Attach a copy of the SOS certificate, dated within one year of MSECC application date, as Attachment **G**. For more information, visit the SOS web site: [www.sos.mo.gov/business/corporations/](http://www.sos.mo.gov/business/corporations/)
- H. Certification of Eligibility** (requires signature)  
(Complete Attachment **H** on page 11.)
- I. Certification of Non-Discrimination** (requires signature)  
(Complete Attachment **I** on page 12.)



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**Sample Fiduciary Agreement  
(for FEDERATIONS only)**

The \_\_\_\_\_ hereby assigns the  
(Name of Organization)  
\_\_\_\_\_ to be its fiduciary agent and  
(Name of Federation)  
representative in the Missouri State Employees Charitable Campaign for the years 2007 and 2008.

Signed \_\_\_\_\_  
Chairman of the Board of Directors

Signed \_\_\_\_\_  
Chief Executive Officer

Date \_\_\_\_\_

**ORGANIZATION INFORMATION***Attachment A*

Organization's Legal Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Organization's Web Site Address \_\_\_\_\_

**Organization Description:**

Descriptions (25 words or less) must be typed or legibly written in the space provided below. Please do not include the name of the organization as part of the description.

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**Federations must provide organization descriptions and administrative cost percentage for EACH member organization.**

***PLEASE SUBMIT THESE ORGANIZATION DESCRIPTIONS AND ADMINISTRATIVE COST PERCENTAGES VIA EMAIL TO: msec@oa.mo.gov.***

**Administrative Cost Percentage** \_\_\_\_\_ %

Administrative cost is defined as the management, general and fundraising expenses of the applicant as described on IRS Form 990. Administrative cost also includes payments to affiliates, except to the extent that these payments are used for program services. This percentage should be based on total expenses of the organization for the last full fiscal year. Round to the nearest whole %. Attach explanation if this percentage exceeds 25%.

**Region** \_\_\_\_\_

Select one of the geographical regions shown on page six which best represents your service area, if the organization is not classified as statewide (8), national or international (9).

**Service Area**

List ALL Missouri counties the organization serves or indicate as statewide, national or international. Organizations serving more than 50 Missouri counties will be classified as statewide, national, or international.

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## **ORGANIZATION INFORMATION**

1. When did this charitable organization originate? \_\_\_\_\_

2. Has the organization operated under other names? \_\_\_\_\_

If so, what name(s) \_\_\_\_\_

3. Name of principal officers (excluding paid executives):

_____	_____
_____	_____
_____	_____

4. Is this organization affiliated with any local, state, or national organizations? If so, please list.

_____
_____

5. Name and describe the services directly provided by the organization within the state of Missouri.

_____
_____
_____
_____

### **Certification of Understanding**

I certify that all statements made in this application are true and accurate to the best of my knowledge and belief, and I understand that misrepresentation of any material fact may result in disqualification of this application.

I understand that admission to the Missouri State Employees Charitable Campaign entitles the applicant organization to receive designated contributions, less a proportionate share of campaign expenses. I also understand it is this organization's responsibility to provide any additional information the MSECC may need to determine eligibility.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**SERVICE CODE INFORMATION****Attachment B**

Please complete the following information and check all the appropriate service categories.

Code	Service Category	✓
S1	Adult Health	
S2	African American Issues	
S3	AIDS / HIV	
S5	Animal Welfare	
S6	Arts and Culture	
S7	Ex-Offender	
S8	Children's Development / Children's Welfare / Day Care	
S9	Children's Health / Child Abuse	
S10	Children / Foster Care / Adoption	
S11	Community & Economic Development	
S12	Counseling / Family & Individual	
S13	Developmental Disabilities / Residential Services	
S14	Domestic Abuse / Sexual Assault	
S15	Education	
S16	Emergency Services / Blood, Food, Shelter, Clothing	
S17	Emergency / Ambulance / First Responders	
S18	Employment Services	
S19	Environment / Clean Air and Water	
S20	Federation Multiple Service (United Way; Community Health Charities; etc.)	
S21	Foreign Relief	
S22	Gay & Lesbian Issues	
S23	Health Education / Prevention / Home Health	
S24	Hospice Services	
S25	Housing / Temporary or Long Term	
S26	Hunger / Food Bank	
S27	Land Preservation / Conservation	
S28	Law Enforcement / Peace Officers	
S29	Legal Services	
S30	Medical Research / Medical Treatment Services	
S31	Mental Health/ Children & Adult	
S32	Multi-functional Family & Social Services	
S33	Native American Indian	
S34	Recreational Opportunities	
S35	Reproductive Rights / Pregnancy	
S36	Senior Citizens Advocacy	
S37	Senior Citizens Transportation / Nutrition / Housing	
S38	Social Services Information & Referral	
S39	Social Justice	
S40	Substance Abuse / Alcoholism	
S41	Teen Services	
S42	Veterans	
S43	Wildlife & Habitat Protection	
S44	Work Training / Sheltered Workshops	
S45	Other	

**SOURCE OF FUNDS AND COSTS SUMMARY****Attachment D**

Name of Charitable Organization \_\_\_\_\_

*Use amounts from the last two completed fiscal years. If your organization has not been established for two years, list the amounts available.*

	<b>20</b> ____	<b>20</b> ____
Support from the Public:		
Contributions	\$ _____	\$ _____
Special Events (less related expenses of \$ _____)	\$ _____	\$ _____
Total Support from the Public	\$ _____	\$ _____
Miscellaneous Revenue:		
Government Grants (including grants-in-kind)	\$ _____	\$ _____
Service Fees, Literature Sales, etc.	\$ _____	\$ _____
Gain from the Sale of Products	\$ _____	\$ _____
Memberships	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Miscellaneous Revenue	\$ _____	\$ _____
<b>TOTAL SUPPORT AND REVENUE</b>	\$ _____	\$ _____
Expenditures:		
Program Services:		
(Category) _____	\$ _____	\$ _____
(Category) _____	\$ _____	\$ _____
(Category) _____	\$ _____	\$ _____
(Category) _____	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____
Supporting Services:		
Management and General Administration	\$ _____	\$ _____
Fund Raising	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____
<b>TOTAL EXPENDITURES</b>	\$ _____	\$ _____
<b>EXCESS OF REVENUE OVER EXPENDITURES</b>	\$ _____	\$ _____

**CERTIFICATION OF ELIGIBILITY*****Attachment H***

This certification form must be completed by an authorized agent of the applicant organization. Eligibility criteria not checked will be presumed uncertifiable.

**Check Below To Certify:**

1. \_\_\_\_\_ I hereby certify that the applicant organization listed below is a non-profit, tax-exempt organization under the meaning of Section 501(c)(3) of the U.S. Internal Revenue Code and any relevant state laws.
2. \_\_\_\_\_ I hereby certify the information provided in the organization description is accurate, and I authorize use of this information in the MSECC brochure and web site.
3. \_\_\_\_\_ I hereby certify that the organization provides direct human services as defined on page 2 in this application, and I understand that proceeds from the campaign must be used for the purpose stated in this information.
4. \_\_\_\_\_ I hereby certify that the organization's administrative cost percentage indicated previously in this application is the percentage for the latest reporting year. If the administrative cost percentage exceeds 25%, I certify that the actual expenses for those purposes are reasonable under all circumstances, and I have attached an explanation to that effect.
5. \_\_\_\_\_ I hereby certify that the organization operates without illegal discrimination. (The Certification of Non-Discrimination must accompany this application).
6. \_\_\_\_\_ I hereby certify that the services provided by the applicant organization are accessible to residents of Missouri.
7. \_\_\_\_\_ I hereby certify that the organization's financial records are audited by an independent auditor if the organization receives \$100,000 or more per year from all sources.
8. \_\_\_\_\_ I hereby certify that the annual budget of the organization is approved by the governing body.
9. \_\_\_\_\_ I hereby certify that an annual report of the organization's activities are made available to the general public on an annual basis.
10. \_\_\_\_\_ I hereby certify that the organization has an active governing board that meets at least quarterly and serves without compensation.
11. \_\_\_\_\_ I hereby certify that the organization is duly registered with the Missouri Secretary of State's office.

Name of Applicant Organization \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION OF NON-DISCRIMINATION**

*Attachment I*

At a meeting of \_\_\_\_\_ held on \_\_\_\_\_,  
(name of organization) (date)

the governing board ☐ adopted a policy or ☐ affirmed its policy of non-discrimination as follows:

1. No person is excluded from services because of race, color, religion, sex, or national origin or disability.
2. There is no segregation of persons served on the basis of race, color, religion, or national origin or disability.
3. There is no discrimination on the basis of race, color, religion, sex, national origin or disability with regard to hiring, assignment, promotion or other conditions of staff employment.
4. There is no discrimination on the basis of race, color, religion, sex, national origin or disability in membership on the agency's governing body.

I certify that the practices of the applicant organization conform to the policy of non-discrimination stated above.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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Missouri State Employees Charitable Campaign  
must be postmarked by midnight on:

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